

PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/081,986
	Filing Date	02/05/2002
	First Named Inventor	PUTALLAZ, David
	Art Unit	2875
	Examiner Name	PAYNE, Sharon
Total Number of Pages in This Submission <b>8</b>	Attorney Docket Number	164.01-P USA

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <span style="float: right;"><b>FAX RECEIVED</b> AUG 28 2003 GROUP 2800</span>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Michael A. Shippey
Signature	<i>Michael A. Shippey</i>
Date	8/27/2003

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date		8/27/2003
Typed or printed	Michael A. Shippey	
Signature	<i>Michael A. Shippey</i>	Date 8/27/2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

PTO-2038 (02-2003)

Approved for use through 02/28/2006. OMB 0651-0043

United States Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**United States Patent & Trademark Office**  
**Credit Card Payment Form**  
**Please Read Instructions before Completing this Form**

**Credit Card Information****Credit Card Type:** ☐ Visa ☒ MasterCard ☐ American Express ☐ Discover**Credit Card Account #:** 5490 9908 5602 4730**Credit Card Expiration Date:** 01/04**Name as it Appears on Credit Card:** Karla C. Shippey**Payment Amount: \$(US Dollars):** 725.00**Signature:****Date:** August 27, 2003

**Refund Policy:** The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

**Service Charge:** There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)).

**Credit Card Billing Address****Street Address 1:** 20754 Ivy Circle**Street Address 2:****City:** Yorba Linda**State:** CA**Zip/Postal Code:** 92887-3323**Country:** USA**Daytime Phone #:** 714-693-9110**Fax #:** 714-693-7980**Request and Payment Information****Description of Request and Payment Information:**

Extension for response within fourth month under 37 CFR 1.17(a)(4)

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 10/081,986	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. 164.01-P-USA		Identify or Describe Mark	

*If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form, the United States Patent & Trademark Office will not be liable in the event that the credit card number becomes public knowledge.*